

**CITY OF STRATFORD  
COMMUNITY GRANTS PROGRAM**



**FINANCIAL SUMMARY**

Please report budget for your specific grant request.

Organization Name:

Date:

Revenue	\$ Planned Budget-Revenue 2020	Comments
City of Stratford Grant Province of Ontario Government of Canada Other Grants Fundraising/Donations Program Revenues Other (specify)		
<b>Total Revenues</b>		
Expenses	\$ Planned Budget-Expenses 2020	Comments
Salaries/Wages/Benefits Office/Administration Rental/Lease Program Other (specify)		
<b>Total Expenses</b>		
<b>Surplus/Deficit</b>		